## **Feasibility Considerations**

and narrowing list of EBPs for consideration

May 28th, 2021

Prevention Services Workgroup

Family First





#### **Desired results**

The purpose of this workgroup is to form **recommendations about which Evidence-Based Programs Georgia should offer** under Family First.

#### **RECAP:**

In our last meeting, we concluded our review and discussion about which of the 21 EBPs for consideration were the right *fit* for the target population in Georgia.

#### **TODAY:**

Today we will:

- Prioritize EBPs based on fit and statewide availability, creating a "short list" of EBPs for you to review in depth in the coming weeks—to inform a final recommendation in our final meeting.
- Examine the *feasibility* of the EBPs for consideration by looking at statewide capacity, training and staffing requirements and fidelity monitoring.



### **Agenda for today**

- Welcome
- Recap of process and EBPs for consideration
- Narrowing the list of EBPs 1<sup>st</sup> round
- Introducing feasibility considerations
- Narrowing the list of EBPs 2<sup>nd</sup> round
- In-depth review of selected EBPs
- The process going forward and thank you!

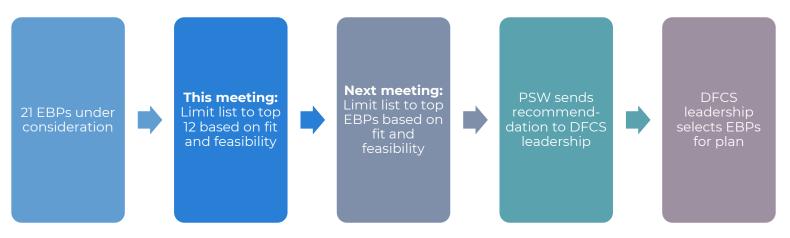


#### The final process

The goal of the Prevention Services Workgroup is to recommend EBPs for Georgia's Title IV-E Prevention Plan.

The final two meetings – today's meeting and the meeting in two weeks – will focus on narrowing down our list of EBPs from 21 EBPs for consideration to a recommendation of about 7 EBPs for consideration for the plan.

The final process is illustrated below:





# RECAP: Process and Selected EBPs for Consideration



#### **Process and Timeline**



Understanding the target population and their needs



Review of cultural responsiveness of the EBPs



Validate final EBP recommendations

March 26th **April April** May May June **Prevention Identifying EBPs that Assess capacity** Services needed to offer EBPs match target Workgroup population needs **Kick off meeting** Today's focus



#### **Selecting EBPs for GA's Prevention Plan**



## Select and determine Evidence-Based Programs for inclusion in Georgia's Title IV-E Prevention Plan

Informed by the work of the **Prevention Services Workgroup** prior to submission of Georgia's Title IV-E Prevention Plan 2021

EBP-selection will be focused on Evidence-Based Programs that are rated 1) well-supported or 2) likely to be rated well-supported\* before plan submission on the Title IV-E Clearinghouse

#### EBPs likely to be well-supported are EBPs that:

- Are currently under review by the Title IV-E Clearinghouse
- Have any amount of presence in Georgia; based on provider-survey conducted in February-March 2021, and
- Are rated well-supported or supported on the California Evidence-Based Clearinghouse (CEBC)



#### **Selecting EBPs for GA's Prevention Plan**

#### Our focus is on the 10 well-supported EBPs on the Title IV-E Clearinghouse

Evidence-based program	Service type
Brief Strategic Family Therapy	<b>* * *</b>
Family Check-up	<b>₩</b>
Functional Family Therapy	•
Healthy Families America	
Homebuilders - Intensive Family Preservation and Reunification Services	£
Motivational Interviewing	0
Multisystemic Therapy	<b>*</b> 0
Nurse-Family Partnership	Q
Parent-Child Interaction Therapy	<u>*</u>
Parents as Teachers	



Mental health services



Substance abuse treatment and prevention services



In-home, skill-based parenting programs



#### **Selecting EBPs for GA's Prevention Plan**

#### Our focus is on the following 11 EBPs – that are 'likely to be well-supported'

Evidence-based program	Service type
Acceptance and Commitment Therapy	<b>*</b> 0
Alternatives for Families: A Cognitive Behavioral Therapy	٨
Beyond Trauma + Helping Women Recover	
Child First	<b>.</b>
Cognitive Processing Therapy	٨
Coping Cat	<b>♣</b>
Eye Movement Desensitization and Reprocessing	•
Mindfulness-Based Cognitive Therapy	٨
Parenting with Love and Limits	<b>.</b>
Safe Environment for Every Kid (SEEK)	٨
Together Facing the Challenge	<b>♣</b>



Mental health services



Substance abuse treatment and prevention services



In-home, skill-based parenting programs



#### The three core target populations

- 1. Children and families in Ongoing Services/ Family Preservation and their caregivers
- 2. Children/youth post permanency and their caregivers
- 3. Pregnant and parenting youth in foster care



## Narrowing the list of EBPs

Round 1



#### **Prioritizing EBPs**

Over the past couple of months, we have collected and triangulated the following information:

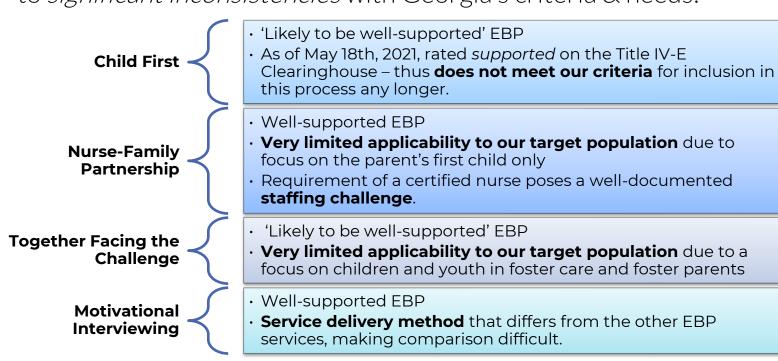
- Data about the target population in Georgia
- Focus groups with caregivers and youth
- Input from this workgroup
- Data from provider-survey\*
- Input from the core group of internal stakeholders
- Updates from the Title IV-E Clearinghouse

Today we will prioritize for deeper consideration the EBPs that seem to best serve Georgia's Family First population.



#### Narrowing the list of EBPs: Round 1

We are eliminating the following four EBPs from our process due to *significant inconsistencies* with Georgia's criteria & needs:





#### Our new list of 17 EBPs for consideration are:

8 well-supported EBPs
Brief Strategic Family Therapy
Family Check-up
Functional Family Therapy
Healthy Families America
Homebuilders - Intensive Family Preservation and Reunification Services
Multisystemic Therapy
Parent-Child Interaction Therapy
Parents as Teachers

9 'likely to be well-supported' EBPs
Acceptance and Commitment Therapy
Alternatives for Families: A Cognitive Behavioral Therapy
Beyond Trauma + Helping Women Recover
Cognitive Processing Therapy
Coping Cat
Eye Movement Desensitization and Reprocessing
Mindfulness-Based Cognitive Therapy
Parenting with Love and Limits
Safe Environment for Every Kid (SEEK)



#### Input from the workgroup - chat

Based on the presented process and first decision to narrow the list of EBPs...

Do you have any input or feedback regarding the decision to eliminate the four EBPs?

Please note your comments in the chat



# Introducing Feasibility Considerations



#### Fit and Feasibility

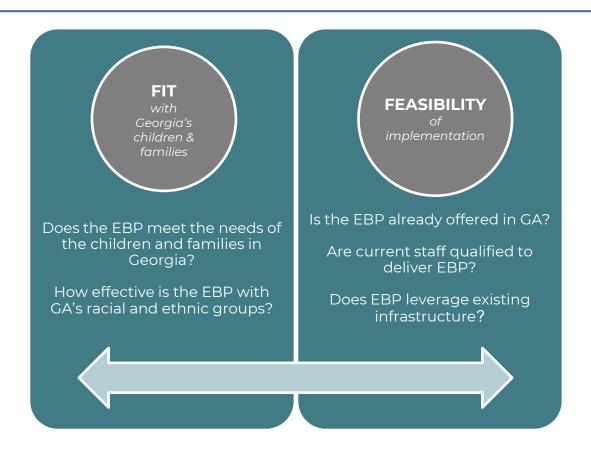
Data and insights from this workgroup have told us which EBPs *fit* or best align with the context in Georgia.

This workgroup has already reviewed many fit-indicators to inform EBP selection. The fit indicators **do not reflect the value or quality** of each EBP, but they help us make challenging choices prioritizing among a strong set of EBPs.

On the next slides we will revisit the fit-indicator crosswalk and combine the fit-indicators with feasibility considerations.



#### How will we select EBPs?





#### The feasibility of the 17 EBPS

- To recommend EBPs for Georgia, we are also looking at the **feasibility** of each of the EBPs for consideration.
- The purpose of looking at feasibility is to assess how feasible each EBP is to implement in order to achieve the greatest possible impact in Georgia.
- When defining and operationalizing feasibility, we considered:
  - Input from this workgroup via chat at previous meetings
  - Input from the core group of internal stakeholders (at a meeting May 18<sup>th</sup>)
  - Data from provider-survey about fidelity monitoring, CQI and data management across services in Georgia\*
  - Implementation research and experiences from other jurisdictions in the country



#### Operationalizing feasibility considerations

Based on this input, we have defined the most central feasibility considerations for implementing EBPs in Georgia.

We suggest to review the following feasibility considerations for the EBPs:

### Statewide availability

- In how many counties in Georgia is the EBP currently available?
- •Over or under 50% of the counties?

### Staffing requirements

- What level of education of the staff is required?
- For example, master's level or no master's level therapist?

#### **Training**

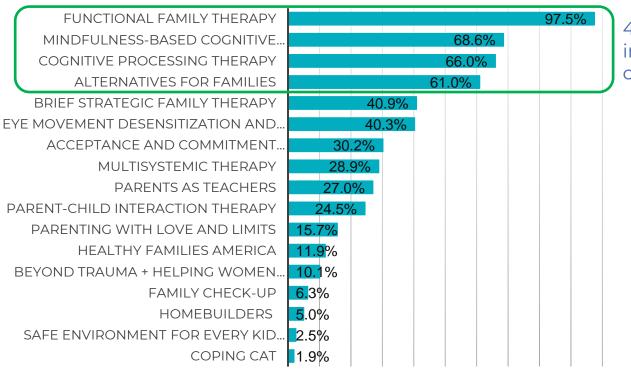
- What type of training is required/offered
- · For example, initial training only or ongoing training?

### Fidelity monitoring

- What type of fidelity monitoring and CQI is required?
- ·For example, developed tools or built-in systems?



#### The statewide availability of the 17 EBPs



4 EBPs are available in over 50% of the counties in Georgia

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



## The FIT and statewide capacity

EVIDENCE-BASED		IORITY A			PRI	ORITY	NEED	S		ADD.	NEEDS	PRIOR	ITY SER	VICE GAPS	CULTI	JRAL RES	PONSIVEN	ESS	STATEWIDE AVAILABILITY
PROGRAM	Infants	Toddlers			SUD (prenat.)	MH + IHPS		MH + SUD	MH (child)	Whole family	Conflict	SUD EBPs		2+ service types	African American	Hispanics LatinX		LGTBQ	In over 50% of counties
Brief Strategic Family Therapy			<b>√</b>	<b>√</b>		<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	✓	<b>√</b>	<b>✓</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	N/A	N/A	
Family Check-up		$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$		$\checkmark$	✓			$\checkmark$	✓	✓	N/A	N/A	N/A	
Functional Family Therapy			$\checkmark$						$\checkmark$	✓	$\checkmark$				✓	$\checkmark$	N/A	N/A	$\checkmark$
Healthy Families America	$\checkmark$	$\checkmark$					$\checkmark$			✓					✓	$\checkmark$	✓	N/A	
Homebuilders	✓	$\checkmark$	$\checkmark$				$\checkmark$			✓	$\checkmark$		✓		√	N/A	N/A	N/A	
Multisystemic Therapy			$\checkmark$						$\checkmark$	√	✓	✓		$\checkmark$	√	$\checkmark$	N/A	N/A	
Parent-Child Interaction Therapy		<b>√</b>							✓	✓	✓				✓	✓	N/A	N/A	
Parents as Teachers	$\checkmark$	✓					$\checkmark$			✓			✓		√	✓	N/A	N/A	
Acceptance and Commitment Therapy	Adults fo	ocused		<b>√</b>				<b>√</b>				✓		<b>√</b>	N/A	N/A	N/A	N/A	
Alternatives for Families: A Cognitive Behavioral Therapy			✓						<b>√</b>	✓	<b>√</b>				N/A	N/A	N/A	N/A	$\checkmark$
Beyond Trauma + Helping Women Recover	Adults fo	ocused		<b>√</b>								✓			N/A	N/A	N/A	N/A	
Cognitive Processing Therapy	Adults fo	ocused													N/A	N/A	✓	N/A	$\checkmark$
Coping Cat									$\checkmark$	✓					N/A	N/A	N/A	N/A	
Eye Movement Desensitization and Reprocessing		<b>√</b>	<b>√</b>						<b>√</b>						N/A	N/A	N/A	N/A	
Mindfulness-Based Cognitive Therapy									✓						N/A	N/A	N/A	N/A	<b>√</b>
Parenting with Love and Limits			<b>√</b>			✓	<b>√</b>		<b>√</b>	✓	✓		✓	<b>√</b>	✓	N/A	N/A	N/A	
Safe Environment for Every Kid (SEEK)	<b>√</b>	✓							<b>√</b>	✓	<b>√</b>				<b>√</b>	N/A	N/A	N/A	



#### The feasibility of the 17 EBPS

- As presented in the cross-walk on the previous slide, we added a checkmark for EBPs that have a *statewide availability* in over 50% of the counties in Georgia.
- We did not convert the additional three feasibility considerations (staffing, training and fidelity monitoring) into checkmarks, because of variation in preferences and feasibility across providers.
- As part of this meeting and as preparation for next meeting, you will learn detailed feasibility information about <u>all the EBPs for consideration</u> – our goal is to narrow our list of recommended EBPs for the Prevention Plan.



## Narrowing the list of EBPs

Round 2



#### Listing the EBPs by number of check marks

EVIDENCE-BASED PROGRAM	NUMBER OF CHECK MARKS
Brief Strategic Family Therapy	13
Family Check-up	9
Healthy Families America	9
Parenting with Love and Limits	9
Homebuilders	8
Multisystemic Therapy	8
Parents as Teachers	7
Functional Family Therapy	7
Safe Environment for Every Kid (SEEK)	6
Parent-Child Interaction Therapy	6
Alternatives for Families: A Cognitive Behavioral Therapy	5
Acceptance and Commitment Therapy	4
Eye Movement Desensitization and Reprocessing	3
Coping Cat	2
Beyond Trauma + Helping Women Recover	2
Cognitive Processing Therapy	2
Mindfulness-Based Cognitive Therapy	1

The top 10 EBPs – that address most of the needs and gaps of the target population in Georgia, and that have been proven effective across key subgroups.\*

The top 10 EBPs will be reviewed in-depth at our final meeting.

<sup>\*</sup>The lack of check marks given for cultural responsiveness means a lack of identified research - not necessarily lack of proven effectiveness.



#### Listing the EBPs by number of check marks

EVIDENCE-BASED PROGRAM	NUMBER OF CHECK MARKS
Brief Strategic Family Therapy	13
Family Check-up	9
Healthy Families America	9
Parenting with Love and Limits	9
Homebuilders	8
Multisystemic Therapy	8
Parents as Teachers	7
Functional Family Therapy	7
Safe Environment for Every Kid (SEEK)	6
Parent-Child Interaction Therapy	6
Alternatives for Families: A Cognitive Behavioral Therapy	5
Acceptance and Commitment Therapy	4
Eye Movement Desensitization and Reprocessing	3
Coping Cat	2
Beyond Trauma + Helping Women Recover	2
Cognitive Processing Therapy	2
Mindfulness-Based Cognitive Therapy	1

Which 2 of these EBPs (with lower overall fit) should be included in the decision-making process at our final meeting?

We need your input.

<sup>\*</sup>The lack of check marks given for cultural responsiveness means a lack of identified research – not necessarily lack of proven effectiveness.



# In-depth review of selected EBPs



#### In-depth review of the 7 EBPs

We will present central information about each of the 7 EBPs, focusing on **program-specific input:** 

- Target population: Who is the EBP targeting?
- Program: What is the approach and essential components of the EBP?
- Intensity: What is the suggested intensity, duration and delivery method of the EBP?

In combination with information about the feasibility considerations:

- Statewide availability: In how many counties in Georgia is the EBP currently available?
- Staffing requirements: What level of education of the staff is required?
- Training: What type of training is required/offered?
- Fidelity Monitoring: What type of fidelity monitoring and CQI is required?



#### **Alternatives for Families: A Cognitive Behavioral Therapy**



Target population: Caregiver and their child between the ages 5 and 17 years whose family struggles with conflict and/or coercion due to parent, child, and/or overall family behavior.

Program: Comprehensive approach for reducing or preventing the effects of exposure to child or family anger, aggression, and/or child physical abuse. Teaches parents and children intrapersonal and interpersonal skills to enhance self-control, promote positive family relations, and reduce violent behavior

Intensity: One- or two-hour-long weekly sessions. Cases can be expected to receive between 20 and 24 hours of direct service (or longer), generally spanning 6-9 months.

Statewide availability: Available in 61.0% of the counties in GA

Staffing requirements: Master's degree or higher. Clinician has professional license to practice, is license eligible, or works under/with licensed supervisor

Training: Tailored to the needs/backgrounds of the practitioner or program. Typically, 2-4 months preparation, 1-year intensive training (workshops, consultation calls and supervision), fidelity monitoring feedback based on trainer reviews of digital audio files, and performance review and follow up.

Fidelity Monitoring: Fidelity measures such as practice checklists, metrics checklists, agency supervision guidelines, and other procedures or guidelines for trainers who collect fidelity information. Clinicians are encouraged to use the Topic Tracker form (fillable pdf) to briefly document session progress in each treatment topic or content area.



#### **Acceptance and Commitment Therapy**



Target population: Adults with depression; has also been used with adults with a variety of other mental health disorders and behavioral problems



Program: A cognitive behavioral psychotherapy that uses mindfulness and behavioral activation to increase a client's psychological flexibility – through six core processes.



Intensity: No recommended intensity or duration. Individual sessions, as well as small groups containing 3-5 members or large workshops containing over 100 members. There is no specific group size which is recommended

Statewide availability: Available in 30.2% of the counties in GA

Staffing requirements: Mandated state licensure to deliver psychotherapeutic services is required in order to become trained as an ACT therapist. There is no certification process.

Training: There is no specific set of requirements for training. Generally, it is recommended that those wishing to learn and apply ACT seek out a combination of training resources, including manuals, workshops, online videos, and on-going consultation.

Fidelity Monitoring: Fidelity measures have been developed in conjunction with ACT clinical trials. ACT fidelity measure tool can be used to rate clinician fidelity to ACT in a variety of contexts (e.g., as a tool to evaluate your own or another clinician's practice, or as a research tool).



#### **Eye Movement Desensitization and Reprocessing**



Target population: Children and adolescents 2 to 17 years\*, who have experienced trauma

Program: An 8-phase psychotherapy treatment that was originally designed to alleviate the symptoms of trauma. Goals of therapy are for example to target past events that trigger disturbance, target current situations that trigger disturbance and reduce stress.

Intensity: 50- or 90-minute session per week. Length of treatment is dependent upon the severity of the trauma, etc. Often major gains are apparent within a few weeks ranging from 3-12 sessions.

Statewide availability: Available in 40.3 % of the counties in GA

Staffing requirements: Fully licensed mental health professionals or enrolled in a Master's or **Doctorate level program** in the mental health field and on a licensing track working under the supervision of a fully licensed mental health professional.

Training: The basic training consists of two 3-day training modules. In addition, 10 hours of case consultation are required to learn to implement the protocol.

Fidelity Monitoring: There is a fidelity tool and a fidelity questionnaire.



#### **Coping Cat**



Target population: Children from 7 to 13 years experiencing problematic levels of anxiety

Program: a cognitive-behavioral treatment for children with anxiety with overall goal of reducing anxiety.

Intensity: Weekly 50-minute sessions. The typical implementation schedule is 16 weeks.

Statewide availability: Available in 1.9 % of the counties in GA

Staffing requirements: No minimum provider qualifications have been set at this time.

Training: There are several training DVDs, including a computer-based training program (CBT4CBT) available. The DVDs range in time from 40-90 minutes.

Fidelity Monitoring: The therapist manual describes session-by-session content. Each session's description begins with the goals/targets for that session. When checking on fidelity, tapes of sessions are listened to in order to check that the goals/targets for the session were addressed. Although they require a person familiar with the model, there are forms that can be used to assess fidelity when listening to the session. The fidelity form also has places for the supervisor to rate the therapist on several dimensions. The form is not publicly available.



#### **Beyond Trauma + Helping Women Recover**



Target population: Adult women with addictive disorders and a trauma history (e.g., abuse, domestic violence, community violence, etc.)

Program: A combined intervention of 32 sessions that integrates three theories: a theory of addiction, a theory of women's psychological development, and a theory of trauma; and then adds a psychoeducational component that teaches women what trauma is, its process, and its impact

Intensity: One or two 2-hour sessions of Helping Women Recover each week. One or two 2-hour sessions of Beyond Trauma each week. 32 sessions – approximately 4-7 months

Statewide availability: Available in 10.1 % of the counties in GA

Staffing requirements: Counselor with experience in the field and with group work or a college graduate.

Training: Generally, 2 days of training - can be provided onsite. Certified trainers can provide additional training and ongoing support as requested.

Fidelity Monitoring: Once the program is implemented, fidelity scales are available to assist with implementation – upon request.



#### **Cognitive Processing Therapy**



Target population: Adults who have experienced a traumatic event and are currently suffering from the symptoms of posttraumatic stress disorder (PTSD) and/or meet criteria for a diagnosis of PTSD.

Program: CPT focuses on identifying and challenging maladaptive beliefs that develop about, and as a result of, a traumatic event. Can be delivered individually or in a group format.

Intensity: One-on-one: 1-2 sessions per week totaling 12 sessions, with the session lasting 50 minutes; Group: weekly 90-minute sessions.

Statewide availability: Available in 66.0 % of the counties in GA

Staffing requirements: Licensed mental health professionals or those working under the supervision of a licensed mental health professional. Psychology, social, work, and nursing staff can implement *CPT* in their respective roles.

Training: Training available onsite, Regional, through the VA National Rollout, agency-arranged workshops with one of the trainers. 2 days/16 hours for individual CPT or 3 days/24 hours adding in a group therapy day followed by weekly telephone consultation for 6 months.

Fidelity Monitoring: A fidelity checklist overviewing each session of CPT is available.



#### **Mindfulness-Based Cognitive Therapy**



Target population: Adults (between 18-70 years old)\* who have suffered three or more prior episodes of major depression.

Program: Developed to help people suffering with chronic physical pain and disease. Includes simple meditation techniques to help participants become more aware of their experience in the present moment.

Intensity: Weekly for 2 hours per week. Individual pre-class interview, then eight weekly classes.

Statewide availability: Available in 68.6 % of the counties in GA

Staffing requirements: Registered practitioners in their own field with some experience in that field before undertaking this work, a personal mindfulness practice, and training in experiencing and teaching the intervention

Training: Training is available. The type and duration varies by site

Fidelity Monitoring: The *Mindfulness-based Intervention – Teacher Assessment of Competence (MBI-TAC)* assesses the application of skills in the six domains relevant to mindfulness teaching.



## EBP Overview: Which two of these EBPs should remain under consideration?

Evidence-Based Program	Service Type	Target Population
Alternatives for Families: A Cognitive Behavioral Therapy	•	Caregiver and their child between the ages <b>5 and 17 years</b>
Acceptance and Commitment Therapy	\$O	Adults with depression
Eye Movement Desensitization and Reprocessing		Children and adolescents <b>2 to 17 years.</b>
Coping Cat	•	Children from <b>7 to 13 years</b>
Beyond Trauma + Helping Women Recover	0	<b>Adult</b> women with addictive disorders and a trauma history
Cognitive Processing Therapy	<b>(</b>	<b>Adults</b> who have experienced a traumatic event (PTSD)
Mindfulness-Based Cognitive Therapy		<b>Adults</b> who have suffered three or more prior episodes of major depression.



#### Feasibility Overview: Which two of these EBPs should remain under consideration?

Evidence-Based Program	Statewide availability	Staffing requirements	Training	Fidelity Monitoring			
Alternatives for Families: A Cognitive Behavioral Therapy	In <b>61.0%</b> of the counties in GA	Master's degree or higher	Tailored but intensive training (preparation, 1 year, fidelity monitoring and follow up)	Practice checklists, metrics checklists, agency supervision guidelines, and other procedures/guidelines.			
Acceptance and Commitment Therapy	In <b>30.2%</b> of the counties in GA	State licensure to deliver psychotherapeutic services.  No certification process.	No specific requirements for training.	ACT fidelity measure tool can be used to rate clinician fidelity to ACT			
Eye Movement Desensitization and Reprocessing	In <b>40.3%</b> of the counties in GA	Licensed mental health professionals or enrolled in a Master's or Doctorate level program	Two 3-day training modules. In addition, 10 hours of case consultation.	There is a fidelity tool and a fidelity questionnaire			
Coping Cat	In <b>1.9%</b> of the counties in GA	No minimum provider qualifications	No required training, but available training options	Fidelity forms that can be used to assess fidelity when listening to the session – and rate therapist.			
Beyond Trauma + Helping Women Recover	In <b>10.1%</b> of the counties in GA	Counselor with experience in the field	2 days of training	Fidelity scales are available to assist with implementation – upon request.			
Cognitive Processing Therapy	In <b>66.0%</b> of the counties in GA	Licensed mental health professionals	2 days for individual CPT or 3 days adding in a group therapy day – and weekly telephone consultation for 6 months.	A fidelity checklist overviewing each session of CPT is available.			
Mindfulness-Based Cognitive Therapy	In <b>68.6%</b> of the counties in GA	Registered practitioners	Training is available. <b>The type and duration varies by site</b>	A Teacher Assessment of Competence (MBI-TAC) assesses the application of skills in the six domains relevant to mindfulness teaching			



#### Input from the workgroup - POLL

Based on the presented information about the 7 EBPs that rated lowest on *fit and* statewide capacity.

## Which of these EBPs would you include for consideration in the process going forward?

(Check a maximum of two options only)

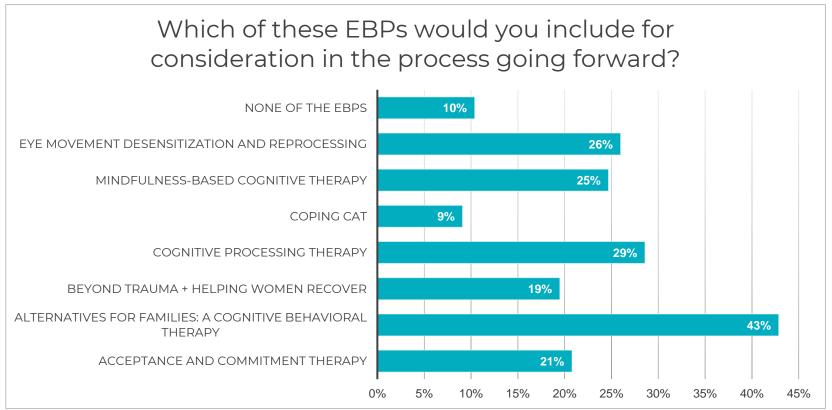
#### Answer categories:

- 0. None of the EBPs
- 1. Alternatives for Families: A Cognitive Behavioral Therapy
- 2. Acceptance and Commitment Therapy
- 3. Eye Movement Desensitization and Reprocessing
- 4. Coping Cat
- 5. Beyond Trauma + Helping Women Recover
- 6. Cognitive Processing Therapy
- 7. Mindfulness-Based Cognitive Therapy

Please note comments or questions in the chat



#### Input from the workgroup – results from POLL



Poll reflects responses from members of the Prevention Services Workgroup at 5.28.21 meeting. For more information on the workgroup see <a href="https://www.blueprintfamilyfirst.org/prevention-services-workgroup">https://www.blueprintfamilyfirst.org/prevention-services-workgroup</a>



# The process moving forward – and thank you!



## The process moving forward

**Our focus today** was to narrow our list to the EBPs with the best fit and feasibility for the target population and context in Georgia.

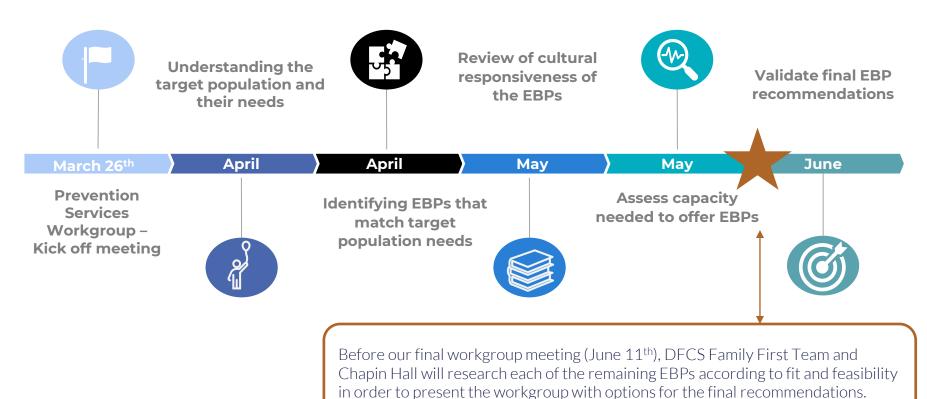
Initially we narrowed our list from 21 EBPs to 17 EBPs.

Based on your input today via poll, we will narrow the list from 17 EBPs to 12 EBPs.

**At the next workgroup meeting** we will explore the final list of EBPs, to consider which EBPs should be recommended for Georgia's Title IV-E Prevention Plan.



#### **Process and Timeline**





### Next steps and questions?

Next meeting of the Prevention Services Workgroup is June 11<sup>th</sup>, 2021, from 1-2.30 EST.

We will be focusing on developing final EBP recommendations.

#### Any questions?

Please enter your questions in the chat.

The DFCS Family First team will review your input and address the most frequent questions before and/or during the next meeting.

9



# Thank you for your participation today!